Same of California-Health and Wallare Agency, HAZARDOUS WASTE MANAGEMENT BRANCH 113-744 P Street Secremento. CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Hease	ban	it or type with ELITE type (12 characters per inch).			STATE (DI	NUMBE	R	8349	339:	3 O _	
		GENERATOR NAME AND MAILING ADDRESS EASTI AN KODAK COMPANY 12100 RIVERA RD		,		MANIFES	T DOCUM	MENT NUM	BER		
		12100 RIVERA RO. WHITTIER, CA. 90602			32	EPA ID N	NABER		1	_	
i		AREA CODE/PHONE NUMBER 213/945-1255			CAN	756	185	437		1 1	
		TRANSPORTER NO.		VEH./C	ONTAINER (¥0.		EPA ID N	UMBER		
		I IZOM C. WHITTEK DLVD.									
		WHITTIER, CA. 90602		hoo	4250	7 0	. A. D. I	0.4.2.1	2.4.5	Ω.n.	
		TRANSPORTER NO 2/ALTERNATE TSD FACILITY			VEH /CONTAINER NO			7 C A, D, O, 4, 2, 2, 4, 5, 0, 0, EPA 10 NUMBER			
			:								
		TREATMENT, STORAGE OR DISPOSAL (TST)) FACILITY ONEGA CHEMICAL CORP.				++-	L_L_L	EPA ID NU	JMBER		
H		Unicar untitlat wiv.				2.1					
RY GENERATOR		AREA CODE/PHONE NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	/698-099	1		١	A D (0, 4, 2, 2	245	n n :	
GEN			UN/NA		TOTAL	JUNI		JI JI ZI Z NTAINER	WAST		
		PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	NUMBE	R	QUANTITY	WT/V			EAT. N	O METI	
FILLED IN		HAZARDOUS WASTE, LIQUID N.O.S - ORM-E	1481	89	1,2,9	0 P	1€	D ₁ N	12,1	$1 \mid 0_1$	
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10		COMPONENTS				CO	NC. RAN	1	UNI		
		Trichlorotrip horomothane				OFFE		OWER	%	PPM	
į		I richlorotrit wordmerhang									
		0./									
		Water									
										<u>-</u>	
		SPECIAL HANDLING INSTRUCTIONS				<u> </u>			<u>-</u> -L		
ļ											
		This is to certify that the above-named wastes are properly classified, described, proper condition for transportation according to the applicable requirements of the D	epartment of	ked and la Transporta	ibuled, and a tion and the	re in	MO	DAY	1 r	YR	
		Brigged or typed full game and signature Paris - 1 1 2 2 2 5	,		/ •		N	b_{I}		20	
		Printed or typed full name and signature Check if continuation sheet is used Number of continuation sheets	19	W.J.	terge			Dil		371	
TO BE FILLED IN BY TRANSPORTER		TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		/		ATE EC'D	MO.	DAY		YR	
		Printed or typed full name and signature form softman games &	Lato	210	ACC	& EPTED	10	2/		19	
BE F TRAN		TRANSPORTER 2 ACKNOWLEDGEMENT OF SECENT OF ABOVE WASTES				ATE EC'D	мо	DAY		YR	
유 습	+	Printed or typed full name and signature	-		ACC	& EPTED					
	Į i	DISCREPANCY INDICATION SPACE									
LLED											
BE FILLED 1 BY TEDF		Facility owner or operator. Certification of receipt of hazardous waste covered by this discrepancy indication space above. Note: TSDF roust complete waste number.	is manifast ex	cept as no	ted in the		DATE RE	ECEIVED &	ACCEPTE	D	
<u>6</u> ₹		See instructions	EP	A ID NUM	1 8 E8		MO.	DAY		YR	
		Printed of typed full name and signature Suu Suy Don	ADOA	1221	4500	1	06	21	L 8	34	
ON ME	DHS	TSDF SENDS THIS COPY TO	DOHS V	WITHIN	15 DAY	'S			63-8	7967	